

THE PREPAREDNESS POST

**UTAH DEPARTMENT OF HEALTH
YEAR 6, ISSUE 1**

Responding to a Disaster

By JoAnna Larsen and Mike Stever

As the nation watched Super Storm Sandy pound the northeast coast of the United States, emergency managers from coast to coast wondered how they might help with response and recovery. Midday on November 8, 2012, two Utah Department of Health employees were recruited to join a Utah Division of Emergency Management employee. They were fulfilling a request from the Emergency Management Assistance Compact for a two-week deployment to New York state to assist in volunteer and donated goods management in the hurricane response.



Shortly before midnight on Saturday, November 10, 2012 JoAnna Larsen and Mike Stever joined Sheila Curtis on a red-eye flight to Albany, NY to serve in the New York State Emergency Operations Center (EOC). Less than 24 hours later, the trio was reassigned to serve on the front lines in the Nassau County EOC. Living conditions were quite primitive; sleeping on cots and air mattresses in the EOC, but all were grateful to be inside with nearby showers instead of

sleeping in the cabs of response vehicles like many others.

The trio of Utah responders agreed that of the many things learned from their time in New York, three major items stood out to bring home and share with other emergency managers.

First, bridging the gap between emergency planning and emergency response with effective training and exercise is critical. Volunteer and donated goods management is often called the disaster within a disaster because of the high profile of media attention with any shortfalls or mismanagement. Utah has taken the major lessons learned from the volunteer and donations management and made significant additions to the Utah Volunteer and Donations Management plan.

Secondly, integrating Incident Management Teams (IMT) into EOC operations is essential for successful response. Incident Management Teams can respond to a disaster and supply significant support to overwhelmed local agencies. These teams can fill in the ICS roles at an EOC or in the field at an Incident Command Post. The Utah trio became a part of an IMT from Missouri who had experience responding to ice storms and the Joplin tornado. Much of the success in the Super Storm Sandy response was directly attributed to the Missouri Team's professionalism and ability to integrate with New York operations without role or personality conflicts.

Finally, it's important to actually see a state in crisis and have a chance to learn the "sometimes indefinable"

tricks-of-the-trade for disaster response. Things like leadership, flexibility,



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Responding to a Disaster (continued)

patience, endurance, and physiological commitment to endless hours of tedious and sometimes frustrating work, long after the excitement and glamour of the initial response has worn off.

Several times the EOC teams were allowed to tour and directly coordinate in devastated areas of the county. This helped us understand the mission and enabled us to work tirelessly for success to meet the needs of the thousands of victims.

We will all share a lasting memory of the gratitude expressed to us through a moving personal tour of Ground Zero hosted by Nassau County Emergency Management and county officials.

Exercising to Make a Difference

by Charla Haley

In January 2013, the Utah Healthcare Association teamed up with Utah first responders and hospitals to practice a simulated emergency at a fictional long-term health care facility in Taylorsville, Utah.

More than 100 volunteers took part in the fictitious emergency scenario, which simulated a meth lab explosion near the facility. Deb Burcombe, Deputy Director of the Utah Healthcare Association, explained the drill focused on the ability of long-term care facilities to partner with hospitals and others.

“What we’re doing is wanting to show that together, with all these health care providers, we’re able to best meet the needs of the community if, God forbid, some disaster or catastrophic event occurs,” Burcombe said.



She said they deliberately chose an over-the-top scenario for the drill so responders would be better prepared if a large scale emergency occurred. The drill included triage and transport of injured subjects, who were played by real people with graphic looking fake injuries.



Burcombe said this event is just the start of many steps, and she said she is most excited about the cooperation she’s seen

so far.

“The most valuable part of all this is that throughout the Salt Lake Valley, providers are coming together and working together,” Burcombe said.

Kudos to the Davis County Health Department

by Ivy Melton Sales

In 2011, the Davis County Health Department (DCHD) began working on a comprehensive All-Hazards Plan, utilizing National Association of City and County Health Officials (NACCHO) Project Public Health Ready (PPHR) standards as a planning guide. A planning team including management, Environmental Health Scientists, Epidemiologists, Communicable Disease Nurses, Health Educators, Public Information Officers, Senior Services Case Workers, and the Emergency Response Coordinator, worked together for 18 months to complete the plan. In addition to collaborating, planning team members worked closely with community organizations such as fire departments, citizen corps councils, hospitals, and county emergency management to ensure the DCHD All-Hazards Plan aligned with other emergency response plans in the county and northern Utah region.

In 2013, the All-Hazards Planning Team will conduct the first annual review of the plan and complete any needed revisions. Updates will include lessons learned from emergency responses, exercises and drills, policy changes and best practices information. The plan will also be assessed to ensure it meets each of the 15 Public Health Emergency Preparedness (PHEP) Capabilities over the course of the current preparedness grant cycle. While the final plan is an invaluable resource, all members of the planning team agreed the biggest step in helping DHCD become more prepared was having a diverse group of staff participate directly in the planning and writing process.

More information on NACCHO PPHR can be found at <http://www.naccho.org/topics/emergency/PPHR/Criteria.cfm>.

CDC Site Visit to Utah a Success

By Dean Penovich



Last October, the Utah Department of Health (UDOH) hosted a site visit from Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) officials to review our public health preparedness efforts. Federal officials included Jerome Simmons, CDC Public Health Emergency Preparedness Project Officer, Tonia Parrott, CDC Laboratory Subject Matter Expert and Ron Pinheiro, HHS Region VIII Regional Emergency Coordinator. During the site visit, various UDOH programs addressed Utah's progress with the 15 public health preparedness capabilities. Our federal partners also had a chance to speak with local health department officials, and other state representatives. The visit included a trip to the Weber-Morgan Health Department, tours of the Salt Lake County Emergency Operations Center (EOC) and State of Utah EOC, and a visit to Utah Unified State Laboratories: Public Health. Our CDC partners also participated in a conference call with Mr. Earl Lee of Navajo Health System, Inc. to discuss preparedness efforts they're hoping to accomplish. At the end of the site visit, Simmons indicated that Utah's culture of preparedness is at a high level. Our visitors were very impressed with their experiences in our great state, and made very complimentary remarks about many of our employees and our efforts. The EOC tours were impressive, as was our level of preparedness effort and response capacity. It was rewarding to have our federal partners here and we look forward to continued improvements based on input gathered from the site visit.

Ready on a Moment's Notice

A Personal Reflection by Raul Garcia

Utah's Disaster Medical Assistance Team (DMAT) is part of the National Disaster Medical System (NDMS). This federal team is comprised of highly skilled medical, planning and logistics personnel. I serve as the team Administrative Officer (AO). In November 2012, Hurricane Sandy provided the opportunity for four Utah team members to deploy to this major emergency. All four members were activated and deployed as backfill personnel for the Arizona DMAT.

This was my very first deployment as an AO. I was away from Utah for 12 days from the time I left home until the time I returned. The experience in New York gave me a chance to quickly become acquainted with the federal system before, during, and after a deployment.

I learned several valuable lessons as a result of this deployment. First, be ready to go out the door at a moment's notice on a NDMS deployment.

Friday: Our team commander notified a few of us of the possibility of deployment to New York.

Saturday: Four UT-1 team members were put on standby with no more information.

Sunday: I was still unsure if I was officially being deployed.

Monday: Finally, we received our deployment orders and itinerary for travel to New York.

Second, things are subject to change and just expect the unexpected. We flew out of Utah around 5 p.m. and arrived in New York about 11:30 p.m. Our first assignment was to find NDMS field personnel who would take us to our destination. This is where things started changing. In most cases, when a team arrives, a representative from the Incident Response Coordination Team (IRCT) would have already coordinated arrangements for incoming teams. But, since we weren't a full team and it was late at night, they requested we take a taxi to our hotel.



And, then ... more changes. Before we got to the hotel, we were told that one of our team members had been taken off this deployment and was being sent home. So, at 11:30 p.m., we were battling with IRCT about keeping our team member. He was eventually assigned to another hotel and allowed to spend the night in New York.

Finally, we arrived at the hotel about 1:00 a.m. The AZ-1 Team Commander informed us there would be a team meeting at 9:00 a.m. in the hotel lobby with the Deputy Team Commander.

November 13- 14, 2012

This is when I started questioning where I was going and what I was really getting in to. All I knew was that I had flown across the country to an unfamiliar area. I had an idea of possible DMAT locations because I had been involved in some conference calls. Yet, the uncertainty of where I was going or what challenges I might face made it difficult to grasp the reality of the situation.

Ready at a Moment's Notice (continued)

One bright spot is that at least I understood my role in the situation. Plus, I was able to network with other AOs who had deployed in past situations. This became important as we prepared for what was ahead.

We spent Tuesday visiting our field location. On Wednesday, IRCT made 9 a.m. transportation arrangements to take us to Nassau Community College (NCC). But our transportation didn't arrive until 1:00 p.m. On the bus we were given a brief idea of the situation at NCC and our team member was allowed to stay. Turns out he had been mistaken for someone else on the Arizona team.

November 14-23, 2012

The remaining days were filled with a lot of work. Our shifts consisted of a day and night crew working 12-hour shifts each day. The rest of the time my workload revolved around these tasks:



- Conference calls with IRCT and other AOs in the field
- Twice daily accountability report of each team member to IRCT
- Providing summaries of how many hours each team member worked per day
- Submitting time sheets to each team's Administrative Officer or interim AO.
- Filling out worker's compensation forms for six team members who became ill with norovirus that was spreading in the general and special needs population
- Ensuring that all first-time deployed personnel had the right information in the

RMS and GovTrip databases

- Updating team leadership and staff regarding all finance and administrative matters
- Coordinating deployment issues with AOs from Alaska, Kentucky, Maryland, Colorado, Oklahoma, and Hawaii
- Compiling a directory of all 66 members while on deployment

A few other lessons I learned include:

Bring food in small and flexible packages. Don't bring bulky MREs.

Consider bringing extra cash. I was on deployment during the holiday season so many stores/fast food places were closed or not easily accessible. We had to call-in for food for a couple of days and my cash was spent quickly.

Find a way to compress your clothes. Next time I'll condense my travel load to two bags instead of three.

Carry copies of critical information. One Arizona team member lost his wallet, but was able to cancel his travel card and had an alternate ID for his travel back home.

Overall this was a very positive experience. Our team received high praise from the Arizona Team Commander and Alaska Strike Team Leader.

Calendar—2013 Training

Date	Event	Location	Information
May 7-8	Governor's Public Safety Summit	Davis County Conference Center 1651 N. 700 W. Layton, UT	Registration Fee: \$200.00 For questions, please contact: Judy Hamaker-Mann Cell: 801-556-7652 E-mail: jhamaker@utah.gov Patrice Thomas Phone: 801-244-0071/Fax: 801-538-3770 E-mail: pthomas@utah.gov


UDOH Web sites:

health.utah.gov (main)

health.utah.gov/preparedness

health.utah.gov/ems

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UTAH DEPARTMENT OF
HEALTH

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